

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

O I P E J C
NOV 12 2004
PATENT & TRADEMARK OFFICE
1646.1013-022
1645
S
Jew

Applicant: Gary W. Zlotnick

Application No.: 10/091,233 Group: 1645

Filed: March 5, 2002 Examiner: Swartz, Rodney P.

Confirmation No.: 9589

For: PREPARATION AND USES OF LOS-DEPLETED OUTER MEMBRANE PROTEINS OF GRAM-NEGATIVE COCCI

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

11-10-04 *Dawn M Myers*

Date

Signature

Dawn M Myers
Typed or printed name of person signing certificate

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDET. FEE
TOTAL	29	MINUS	X \$ 9	\$
INDEP				
	3	MINUS	X \$44	\$
			+ \$150	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20

** not fewer than 3

TOTAL = \$ 0TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ <u> 0 </u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
	Supplemental Information Disclosure	\$ <u> 180 </u>
		\$ _____
		TOTAL: \$ <u> 180 </u>

A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Alice O. Carroll
 Alice O. Carroll
 Registration No.: 33,542
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated:

November 10, 2004